***UUCP***   ***Utah Unified Certification Program***

 **Raymond Christy, Certifying Official**

 ***Salt Lake City Department of Airports***

 ***P O Box 145550***

 Salt Lake City, UT 84114-5550

 ***Phone (801) 575-2945 Fax (801) 575-2395***

***raymond.christy@slcgov.com***

**ACDBE Annual Update Letter**

Thank you for participating in the Salt Lake City Department of Airports Disadvantaged Business Enterprise (DBE) program. According to Code of Federal Regulations, 49 CFR Part 26.83(j), annually, DBE firms must affirm that there have been no changes in the firm's circumstances affecting its ability to meet size, disadvantaged status, ownership, or control requirements of this part or any material changes in the information provided in its application form. If there have been changes in the firm since your certification or last annual update, that would affect your ability to meet the DBE requirements, you must attach a letter explaining the changes, along with supportive documentation. This information will be reviewed by the UUCP to determine if your company continues to meet the DBE eligibility criteria.

Additionally, your firm continues to meet SBA business size criteria and the overall gross receipts cap of this part, documenting this affirmation with supporting documentation of your firm's size and gross receipts (e.g., submission of Federal tax returns, balance sheet and income statement).

DBE firms are required to submit the following forms:

1. Current ***SIGNED*** Federal business taxes with all forms, schedules and W2’s. Please do not send personal taxes (unless sole proprietor).
2. Affidavit of No Change (see attached form) must be signed by each disadvantaged owner and notarized.
3. Current Balance Sheet and Income Statement.

Please return the annual update to:

Raymond Christy, Salt Lake City Dept. of Airports, PO Box 145550, Salt Lake City, 84114, [raymond.christy@slcgov.com](file:///C%3A%5CUsers%5Csb1974%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CCE3Z1QU1%5Craymond.christy%40slcgov.com)

Additionally, all DBE firms must meet business size criteria; ACDBE program $56.42 million - gross receipts averaged over a three year period and cannot exceed the SBA size limitations, for your particular industry, on an annual basis. See SBA NAICS Codes to determine size limitations at the following web site:

 <https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf>

It is the owner’s responsibility to provide the requested documents in a timely manner. Failure to provide the requested documents leads to decertification from the DBE program1. If you have any questions, please contact me directly at 801 575-2945.

Sincerely,

Raymond Christy,

Certifying Official – Salt Lake City Department of Airports

1 Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both.

**Utah Unified Certification Program**

**“NO CHANGE” Affidavit for Continuing ACDBE Certification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title

 of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Firm Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (if different)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Fax Number Cell Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address

***Any misrepresentation made in this Affidavit will be grounds for initiating proceedings to remove your firm’s DBE certification status with the Utah Unified Certification Program. If your firm does not meet the eligibility criteria to be certified as a DBE and attempts to participate in the DBE program based on false, fraudulent or deceitful representations, the U. S. Department of Transportation may initiate suspension or debarment proceedings against your firm; and other enforcement action may be taken against you including referral for prosecution under applicable Federal and State statutes.***

**As required by Title 49, Code of Federal Regulations (CFR) Part 26, Subpart E, Section 26.83(j),**

I, do hereby swear that there have been no changes in my firm's structure or operations since my last certification or review by the Utah Unified Certification Program that would affect my ability to meet all DBE eligibility requirements regarding size, disadvantaged status, ownership, or control found in 49 CFR Part 23 and Part 26. I certify that there have been no material changes to the information provided in that last application, except for those about which I have already notified the Utah Unified Certification Program in writing.

As a DBE firm, I certify that my personal net worth, excluding equity in my primary residence and applicant business, does not exceed $1.32 million.

In addition, I affirm that my firm continues to meet SBA business size criteria for small business concerns, and that my firm's average annual gross receipts over the previous three fiscal years do not exceed $56.42 million. **I am enclosing a copy of my firm's last year’s tax return, with *all schedules and attachments*, to document this.**

Owner’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTARY PUBLIC INFORMATION**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ }

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ }

On this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_ , before me appeared the above-named individual to me personally known, who being duly sworn, did execute the foregoing affidavit and did state that he/she/they was/were properly authorized to execute this affidavit and did so as a free act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal/Stamp)

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Expires